

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/868024

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		①		1		
6		①		1		
7		①		1		
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12		2		1		
13		①		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		3		1		
20	1		1			
21		1		1		
22		2		1		
23		①		1		
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	18	↓		↓
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS